



5-10-04

3622

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Name: Laurie de Leon  
Laurie de Leon  
Signature

5/7/04  
Date

## TRANSMITTAL LETTER

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**TRANSMITTED DOCUMENTS:** The following documents relating to the below-identified patent applications are being transmitted herewith.

Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (Form PTO/SB/82) for the following patent cases:

Application #	Filing Date	First Named Inventor	Attorney Docket #
09/821,259	03/29/2001	Ishikawa, Mark M.	Bay-P003 (formerly 60123.801US)
09/821,565	03/29/2001	Ishikawa, Mark M.	Bay-P005 (formerly 60123.803US)
09/670,242	09/26/2000	Ishikawa, Mark M.	Bay-P007 (formerly 60123.805US)
09/670,242	09/26/2000	Ishikawa, Mark M.*	Bay-P007 (formerly 60123.805US)

\*Note: There are two PTO/SB/82 forms for application # 09/670,242 because there are two applicants/inventors

A Return Postcard

### **PAYMENT OF FEES**

The full fee due in connection with this communication is provided as follows:

The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

A Check # \_\_\_\_\_ for \$ \_\_\_\_\_ for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.



Please direct all correspondence concerning the above-identified application to the following address:

**FERNANDEZ & ASSOCIATES, LLP**  
**PATENT ATTORNEYS**  
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Respectfully submitted,

*Mircea Achiriloae*

MIRCEA ACHIRILOAIE  
Reg. No. 48,880

May 7, 2004

Date



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/821,259
Filing Date	03/29/2001
First Named Inventor	Ishikawa, Mark M.
Art Unit	3622
Examiner Name	Myhre, James W.
Attorney Docket Number	BAY-P003 (formerly 60123.801US)

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 22877

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

22877

OR

Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name

Mark M. Ishikawa 

Signature

Date

5/3/04

Telephone

408-341-2300

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.